

## **2013 Program Quality Criteria**

### **Maternal and Child Health & Children and Youth with Special Health Care Needs**

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

**Public health assessment and surveillance** to identify community needs and support systematic, competent program planning and sound policy development with activities focused primarily at the community systems level. If individual services are to be provided, they must be negotiated and incorporated into the systems work of the MCH Program identified Initiatives.

**Delivery of public health services** to citizens by qualified health professionals in a manner that is family centered, culturally competent, and where the scientific basis for the intervention can be documented (evidence-based practice); and delivery of public health programs for communities for the improvement of health status.

- a. Contractees must assure that maternal and child health services are delivered and supervised by qualified staff as required by the activity or service being delivered.
- b. Contractees must designate a staff person as the maternal and child health contact to receive, disseminate, and respond to policy and program information provided by the State.
- c. The contractee must assure quality by utilizing one or more of the following documents as guidance in the organization and delivery of evidence-based services and strategies.
  - (1) Wisconsin Medicaid Prenatal Care Coordination Services Handbook and related Medicaid Updates
  - (2) Family Planning Reproductive Health Standards of Practice
  - (3) Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents: Third Edition
  - (4) Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs: Third Edition, 2011.
  - (5) A Program Manual for Child Death Review, National Center for Child Death Review; Fetal and Infant Mortality Review, A Guide for Communities, 2<sup>nd</sup> Ed.; and Keeping Kids Alive in WI Manual
  - (6) Other resources identified in the context of the objectives

All programs will be evaluated based on these best practice guidelines and evidence-based strategies. If a LHD wants to use an alternate, but comparable document, the State of Wisconsin Maternal and Child Health Program must approve it.

**Record keeping** for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- a. Contractees must assure that all general health care records are kept confidential as required by s. 146.82, Wis. Stats.

**Information, education, and outreach** programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- a. Contractees must assure effective and evidence-based outreach strategies are available to high-risk women of childbearing age, pregnant women, and children birth to 22 years old, including children and youth with special health care needs, and their families in the maternal and child health population.
- b. All materials for public distribution developed by a Contractee with Title V MCH Block Grant funds must identify the funding source on the publication as follows: “Funded in part by the MCH Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.”

**Coordination** with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- a. Contractees must have a mechanism in place to assure coordination with the Regional CYSHCN Centers.
- b. Contractees must coordinate maternal and child health programs with other community health programs, which is an essential component to building a system of services for maternal and child health.

**A referral network** sufficient to assure the timely provision of services to address identified client health care needs.

- a. LHDs that provide maternal and child health prevention and intervention services must have a referral network. Referral networks may include: healthcare providers including mental health and oral health, Regional Centers for CYSHCN, child care centers, WIC, human or social services, schools, Birth to 3 programs, tribal agencies, and other relevant services. Quality MCH services also tracks the outcome of referrals to make adjustments to the network as needed.
- b. CYSHCN Contracted entities must be part of the CYSHCN Collaborators Network. The Network includes the Regional Centers for CYSHCN, Great Lakes Inter-Tribal CYSHCN, Parent to Parent of Wisconsin, Family Voices of Wisconsin, the CYSHCN Statewide hubs of expertise, oral health, Nourishing Special Needs, DPH Regional and Central Office Bureau and section partners, and other relevant stakeholders.

**Provision of guidance to staff** through program and policy manuals and other means sufficient to assure quality client care and cost-effective program administration.

**Financial management practices** sufficient to assure accurate eligibility determination, pursuit of third-party insurance and Medicaid coverage of services provided, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and appropriate use of state and federal funds.

- a. Contractees must seek other available funding sources, as Title V MCH Block Grant is payor of last resort.
- b. Contractees must bill the Wisconsin Medicaid Program for all covered services provided to eligible recipients.

- c. Contractees must provide 75% match (\$0.75 local contribution for every \$1.00 federal) for all Title V MCH Block grant funds and report through the CARS system as described in the contract.

**Data collection, analysis, and reporting** to assure program outcome goals are met or to identify program management problems that need to be addressed.

- a. Contractees must collect and analyze data on all public health activities and interventions provided using SPHERE (Secure Public Health Electronic Record Environment) as defined within the objective's Data Source for Measurement.
- b. Contractees will comply with year-end program reporting requirements set by the State of Wisconsin MCH Program including documentation of 75% match (\$0.75 local contribution for every \$1.00 federal) and report through the CARS system as described in the contract.
- c. Reports to meet mid year and end of year requirements will be determined during the negotiation process and defined in the contract deliverable.